

**NEW HAMPSHIRE BOARD OF NURSING  
MINUTES  
March 21, 2013**

Recorder: Kathryn Dickson, Executive Secretary

TOPIC	DISCUSSION	ACTION
1.0 Call to Meeting	Nursing students welcomed from Franklin Pierce and Plymouth State University	Meeting called to order at 8:00 a.m. with R. Duhaime, Chair, presiding Board members present: J. Kuras (JK), C. Smith (CS), B. Libby (BL), B. Fersch (BF), K. Kidder (KK), K. Baranowski (KB), N. Fortin (NF), A. Finn-Waddell (AF) Board members absent: H. Featherston (HF), T. Collins (TC) Board staff present: D. Nies (DN), S. Goodness (SG), K. Dickson (KD), L. Tetreault (LT)
1.1 Open Forum	Rob Dawson, President of Association for Vascular Access, represented interest of nurses who perform central venous catheter tip placement in NH.	
1.2 Addendum 1.2.1 Additions		4.4 Review and adoption of Proposed Amendments to Rules 7.1.4.1 J. Shevlin, LPN, Additional exhibits 7.5.1 E. M., LNA 8.1.1 A. Beckford, RN, Additional exhibit 11.3.5 RN Scope of Practice: Recannulation of trach that is healed 14.4 NCSBN Mid-year meeting
1.2.2 Deletions	None	1.1.1 R. Dawson 8:00 a.m. 4.4 Proposed Rules 8:30 a.m. 7.1.1 A. Budesky 8:45 a.m. 7.1.2 M. McCabe 9:15 a.m. 7.1.3 Y. Peters 10:45 a.m.
1.2.3 Appearances		

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		7.1.4 J. Shevlin 11:15 a.m. 8.1.1 A. Beckford 1:00 p.m. 8.1.2 R. Cote 1:15 p.m. 9.1.1 H. Deputy 1:25 p.m. 9.1.2 H. Ayotte 1:28 p.m. 9.1.3 C. Roderigues 1:31 p.m. 9.1.4 S. Lebeau 1:33 p.m. 9.1.5 W. Jensen 1:35 p.m. 9.1.6 K. Bates 1:40 p.m. 9.1.7 J. Shedd 1:43 p.m. 9.1.8 M. Shampney 1:45 p.m. 9.1.9 A. Haslam 1:47 p.m. 9.1.10 N. Perry 1:50 p.m. 9.1.11 D. Chambers 1:55 p.m. 9.1.12 A. Orcutt 2:00 p.m. 9.1.13 C. Tracy 2:05 p.m. 9.1.14 J. Green 2:10 p.m. 4.3 Delegation Rules 2:15 p.m.
2.0 Approval of minutes 2.1 February 21, 2013	Reviewed and discussed.	M/NF, S/JK to approve minutes as written. Unanimous.
4.0 Report of Executive Director/Staff 4.1 Expense Summary Budget  4.2 Disciplinary Fine Report  4.4 Review and adoption of Proposed Amendments to Rules	FYI.  FYI.  Reviewed proposed rule changes to 700 and 800.  Reviewed proposed rule changes 100, 200, 300, 400, 500 and 600 under consent agenda.	  M/KK, S/JK to approve proposed amendments. Unanimous.  M/NF, S/JD to approve proposed amendments. Unanimous.
7.0 Adjudicative (Investigator/Prosecutor) 7.2 Consent Decree/Settlement Agreement/ Voluntary Surrender/ Reciprocal Discipline/Practice Restrictions 7.2.1 E. McCarron, RN #049282-21  7.2.2 L. Fitzsimmons, RN	  Removed from Consent Agenda for review.  Removed from Consent Agenda for review.	  M/NF, S/KB to deny Settlement Agreement as proposed. Unanimous.  M/KK, S/KB to deny Settlement Agreement as

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#051710-21		proposed. Unanimous.
7.2.3 S. Leclerc, RN (BF recused)	Removed from Consent Agenda for review.	BF recused. M/KK, S/KB to deny Settlement Agreement as proposed. Unanimous.
7.4 Dismissals (Proposed) 7.4.1 J. L., RN (RD recused)	Previously reviewed.	M/KB, S/JK to accept recommendations as proposed. Unanimous.
3.0 Report of Chair/Members 3.1 Review of Proposed Amendments to Rules	Reviewed proposed rule changes 100, 200, 300, 400, 500 and 600.  Reviewed proposed rule changes to 700 and 800.	M/KB, S/NF to approved proposed amendments to 100, 200, 300, 400, 500 and 600. Unanimous.  M/KB, S/TC to approve proposed amendments to 700 and 800. Unanimous.
11.0 Practice Inquiries and Practice Committee Reports 11.1 Liaison (KK)  11.2 P & E Committee (NF)	No report.  NF reported on meeting of February 25, 2013. Following questions were reviewed at P & E Committee meeting: <ul style="list-style-type: none"> <li>Can RN insert advanced airway (LMA or Endotracheal Tube) into adult, adolescent, pediatric patient? After careful reconsideration of issue and information presented by DHART as well as review of AZ BON opine, P &amp; E Committee agreed that it is within RN scope of practice provided following are met: <ul style="list-style-type: none"> <li>a. Nurse has satisfactorily completed nationally recognized course suitable to age of patient.</li> </ul> </li> </ul> COURSE OF INSTRUCTION: <ol style="list-style-type: none"> <li>Anatomy and physiology of pulmonary system, pharmacological and patient assessment for basic advanced airway management, didactic and classroom instruction, followed by supervised clinical practice required for intubation.</li> </ol>	M/KK, S/KB to accept P & E Committee recommendations that it is within RN scope of practice to insert advanced airway provided competencies as stated are met. Unanimous.

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	<ol style="list-style-type: none"> <li>2. Indications and contraindications for intubation including but are not limited to preparation of patient, equipment set-up and maintenance.</li> <li>3. Safety measures and management of potential complications and unexpected outcomes, including use of advanced airway devices.</li> <li>4. Indications and contraindications for selection of proper airway equipment appropriate for age specific populations.</li> <li>5. Verification procedures to ensure proper placement of airway</li> <li>6. Nursing care responsibilities and age specific management of intubated patient.</li> </ol> <ol style="list-style-type: none"> <li>b. Employer maintains written policy which allows nurse to perform procedure and specified method for education and minimum of annual re-demonstration of skill.</li> <li>c. Documentation of satisfactory completion of agency's instructional program and demonstrated clinical proficiency is on file with employer.</li> </ol> <ul style="list-style-type: none"> <li>• Is it within RN scope of practice to perform Rectal Dilatation in home setting? P &amp; E Committee determined it is within RN scope of practice to perform Rectal Dilation in home setting.</li> <li>• Can RN, with training and competency, insert CVC under ultrasound? P &amp; E tabled request and sent question back to Board with goal of having further information from requester.</li> <li>• Can RN inject neuroaxials directly into epidural line of post partum surgical patient or post surgical patient? Similar question posed on February 16, 2006: <i>Can RN give intermittent bolus of Astromorph into epidural line that is being used for pain management after surgery?</i> Board opined it is not within scope. Question</li> </ul>	<p>M/AF, S/BL to accept P &amp; E recommendations that it is within RN scope of practice to perform Rectal Dilation in home setting. Unanimous.</p> <p>M/KB, S/KK that it is within RN scope of practice to insert CVC under ultrasound with competencies, appropriate setting and facility policy. Refer to AZ BON guidelines with interpretation. Unanimous.</p> <p>M/KB, S/KK to accept P &amp; E. Committee recommendations that it is within RN scope to inject neuroaxials directly into epidural line of non-pregnant post-operative patients. Unanimous.</p>



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	<p>Baranowski (KB), N. Fortin (NF), A. Finn-Waddell (AF)  Board staff present: S. Goodness (SG), K. Dickson (KD)  L. O'Connor, Hearing Counsel for the Board.  Reading of Notice of Hearing waived.  Respondent present to offer testimony.  Attorney Jon Meyer represented  Stipulation of Facts was distributed to Board members.  Witnesses for Hearing Counsel:  Lori Pelletier, RN, Elliot One-Day Surgery Center  Rob Glew, Pharmacist, Elliot Hospital  Sam Auciello, Security, Elliot Hospital  Jennifer Huston, RN, Elliot One-Day Surgery Center  Witness for Respondent:  Marlene Trenholm, Respondent's domestic partner  Hearing concluded at 1:10 p.m.</p> <p>M/AF, S/NF to conduct non-public session for purpose of discussion of alleged licensee misconduct. Non-public session is authorized by RSA 91-A:3 II and Board's executive and deliberative privileges. Minutes of non-public session shall be sealed. Board voted as follows:  Yea: RD, KB, JK, AF, KK, NF, BL, BF, CS  Non-public session began at 12:15 p.m. and concluded at 12:52 p.m.</p>	<p>monetary penalty of \$2000 to defray costs associated with investigation and prosecution of case to be paid within 90 days from effective date of Board's order.  Unanimous.</p>
9.0 Licensure 9.1 Licensure 9.1.1 H. Deputy LNA licensure  9.1.2 H. Ayotte LNA licensure  9.1.3 A. Haslam LNA licensure	Continued until April meeting.  H. Ayotte presented oral testimony in support of petition for NH LNA licensure.  A. Haslam presented oral testimony in support of petition for NH LNA licensure.	AF excused at 1:20 p.m.  M/KB, S/KK to allow H. Ayotte to obtain LNA licensure in NH. Unanimous.  M/NF, S/BF to allow A. Haslam to obtain LNA licensure in NH. Unanimous.
8.0 Adjudicative (Executive Director) 8.1 Requests for Reinstatement, Removal of		

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<p>Probation, Restrictions, Modifications or Conditions</p> <p>8.1.1 A. Beckford, RN #055441-21</p> <p>8.1.2 R. Cote, LPN #007069-22</p>	<p>A. Beckford presented oral testimony in support of petition to remove probation from RN license.</p> <p>R. Cote presented oral testimony in support of request to allow her to have random drug testing done through LADAC due to decreased cost.</p>	<p>M/NF, S/JK grant request to remove probation from RN license. Unanimous.</p> <p>Board requested further information before making decision.</p>
<p>9.0 Licensure</p> <p>9.1 Licensure</p> <p>9.1.3 C. Roderigues LNA licensure</p> <p>9.1.4 S. Lebeau LNA licensure</p> <p>9.1.5 W. Jensen LNA licensure</p> <p>9.1.7 J. Shedd LNA licensure</p> <p>9.1.8 W. Shampney LNA licensure</p> <p>9.1.10 N. Perry LNA licensure</p> <p>9.1.12 A. Orcutt LNA licensure</p> <p>9.1.13 C. Tracy LNA licensure</p>	<p>C. Roderigues presented oral testimony in support of petition for LNA licensure.</p> <p>S. Lebeau presented oral testimony in support of petition for LNA licensure.</p> <p>W. Jensen presented oral testimony in support of petition for LNA licensure.</p> <p>J. Shedd presented oral testimony in support of petition for LNA licensure.</p> <p>W. Shampney presented oral testimony in support of petition for LNA licensure.</p> <p>N. Perry presented oral testimony in support of petition for LNA licensure.</p> <p>A. Orcutt presented oral testimony in support of petition for LNA licensure.</p> <p>C. Tracy presented oral testimony in support of petition for LNA licensure.</p>	<p>M/KB, S/NF to allow C. Roderigues to obtain LNA licensure in NH. Unanimous.</p> <p>M/KB, S/BL to allow S. Lebeau to obtain LNA licensure in NH. Unanimous.</p> <p>M/NF, S/BL to allow W. Jensen to obtain LNA licensure in NH. Unanimous.</p> <p>M/NF, S/KK to allow J. Shedd to obtain LNA licensure in NH. Unanimous.</p> <p>M/BL, S/BF to allow W. Shampney to obtain LNA licensure in NH. Unanimous.</p> <p>M/BL, S/BF to allow N. Perry to obtain LNA licensure in NH. Unanimous.</p> <p>M/NF, S/BF to allow A. Orcutt to obtain LNA licensure in NH. Unanimous.</p> <p>M/NF, S/BF to allow C. Tracy to obtain LNA licensure in NH. Unanimous.</p>

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9.1.14 J. Green LNA licensure	J. Green presented oral testimony in support of petition for LNA licensure.	M/BL, S/CS to allow J. Green to obtain LNA licensure in NH. Unanimous.
4.0 Report of Executive Director/Staff 4.3 State Surveys re: Delegation of Emergency Medications to Unlicensed Personnel	Representatives from School Nurses Association, American Diabetes Association (which also included a diabetic educator and concerned parent of diabetic children), and sponsor for HB 494 were present to speak to Board regarding delegation wording that addresses a "stable client". Letter from Board of Education that was presented in response to HB 494 was also presented to group. Board was requested to issue statement on delegation and publish on NH BON website.	Board opined following:  Administration of glucagon by trained non-licensed personnel does not come under the delegation rules as written. Delegation of a task to unlicensed personnel requires that the nurse can assess the situation before and after the task is completed. In this case, if a student needed the glucagon, it would not be delegated to another person. The nurse would administer the medication to the student.  Board further opined that the plan for the administration of glucagon in the absence of a nurse would be part of the student's individual medical care plan and would be a collaborative effort between the provider, the school nurse, the parents and the school administration to identify appropriate personnel for training. The training, ideally, would be provided either by the nurse or by personnel from the American Diabetes Association following a course curriculum that addresses this issue. This reflects the tenets of HB 494 which is currently being reviewed in committee.
5.0 Attorney General 5.1 Office of Attorney General Training Program	Board members should notify DN if they plan to attend training program.	
6.0 Report of Investigator/Prosecutor 6.1 Open files	FYI.	
7.0 Adjudicative (Investigator/Prosecutor) 7.3 Motion for Reconsideration/Rehearing/ Continuance 7.3.1 L. Ryznal, RN #047047-21	Reviewed and discussed Motion to Reconsider Board's prior denial of request that drug testing requirement under January 28, 2013 Settlement	M/JK, S/NF to deny Motion to Reconsider. Unanimous.



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<p>7.5 Recommendations</p> <p>7.5.1 E. Malenda, LNA #030084-24</p> <p>7.6 Pre-hearing Conference</p> <p>7.6.1 K. Descoteau, RN #054487-21</p>	<p>Agreement be suspended until such time as she finds new employment.</p> <p>Reviewed and discussed Report of Investigation and proposed Order of Emergency License Suspension and Notice of Hearing.</p> <p>Reviewed and discussed Summary of Pre-Conference Hearing held on March 5, 2013 regarding allegations referenced in Notice of Hearing dated February 7, 2013.</p>	<p>M/NF, S/KB to approve Temporary Emergency Suspension of license to practice as LNA pending hearing on whether permanent and/or temporary disciplinary sanctions should be imposed. Unanimous.</p> <p>M/JK, S/KK to dismiss complaint against K. Descoteau, RN, based on original complaint and thorough analysis of facts associated with Report of Investigation/ Unanimous.</p>
<p>8.0 Adjudicative (Executive Director)</p> <p>8.1 Requests for Reinstatement, Removal of Probation, Restrictions, Modifications or Conditions</p> <p>8.1.3 K. J. Sargent, RN</p>	<p>Reviewed and discussed request to remove paragraphs beginning with "Respondent shall..." and "Should Respondent apply..."</p>	<p>M/BL, S/BF to remove paragraphs as requested. Unanimous.</p>
<p>10.0 Education</p> <p>10.3 Educational Issues</p> <p>10.3.1 RVCC Accreditation issue</p>	<p>FYI</p>	
<p>11.0 Practice Inquiries and Practice Committee Reports</p> <p>11.3 Request for Board Advice:</p> <p>11.3.1 RN Scope of Practice: Cannulate external jugular, subclavian or femoral veins</p> <p>11.3.2 LNA scope of practice Accept locked medication box</p>	<p>Reviewed question of whether or not it is within RN scope of practice, with proper training, to cannulate external jugular, subclavian or femoral veins in emergency situation.</p> <p>Is needle thoracotomy within nursing scope of practice to emergently relieve tension pneumothorax?</p> <p>Reviewed question of whether or not it is within LNA scope of practice to accept and sign for medications</p>	<p>Board reversed previous opinions from 1996 and 2009 and unanimously agreed to allow RN's to cannulate the external jugular, subclavian or femoral veins in emergency situation with proper training and competency.</p> <p>Board opined it is NOT within RN scope of practice to perform needle thoracotomy to emergently relieve tension pneumothorax.</p> <p>Board opined that it is NOT within LNA scope of practice to accept or sign for meds delivered to</p>

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<p>delivered to Assisted Living home</p> <p>11.3.3 LNA scope of practice: Operation of cough assist machine or vest therapy</p> <p>11.3.4 LNA scope of practice: Application of intermittent pneumatic devices</p>	<p>delivered to facility by pharmacy.</p> <p>Reviewed question of whether or not it is within LNA scope of practice to operate cough assist machine or vest therapy.</p> <p>Reviewed question of whether or not it is within LNA scope of practice to apply intermittent pneumatic devices for edema in bilateral lower extremities.</p>	<p>facility by pharmacy without MNA certification.</p> <p>Board opined that it is NOT within LNA scope of practice to operate a cough assist machine or vest therapy as nursing assessment is required.</p> <p>Board opined that it is within LNA scope of practice to apply intermittent pneumatic devices to lower extremities with education, competency and delegation by licensed nurse.</p>
<p>12.0 Committee Reports and Recommendations</p> <p>12.1 HeM 1201</p> <p>12.2 Day of Discussion</p> <p>12.2.1 RN/LPN Day of Discussion</p> <p>12.2.2 LNA Day of Discussion</p> <p>12.3 ADA (NF)</p>	<p>No report.</p> <p>Nothing scheduled at this time.</p> <p>LNA Day of Discussion scheduled for June 4. Subjects to include:</p> <ul style="list-style-type: none"> <li>Managing Difficult Behaviors</li> <li>Non-Pharmacologic Interventions with Dementia Patients</li> <li>Effectiveness of Teamwork in Healthcare</li> <li>Caregivers Guide to Human Kindness</li> </ul> <p>No applicants.</p>	
<p>14.0 National Council</p> <p>14.1 NCLEX-PN for military trained individuals</p> <p>14.2 Morning Briefing from NCSBN</p> <p>14.3 IRE Collaborative Research Data for NH</p>	<p>FYI.</p> <p>FYI.</p> <p>FYI.</p>	
	<p>M/KK, S/CS to conduct non-public session for purpose of discussion of alleged licensee misconduct. Non-public session is authorized by RSA 91-A:3 II and Board's executive and deliberative privileges. Minutes of non-public session shall be sealed. Board voted as follows: Yea: RD, KB, JK, KK, NF, BL, BF, CS Non-public session began at 4:25 p.m. and concluded at 4:40 p.m.</p>	

